

HEARING REQUEST WITHDRAWAL
State of Michigan
Department of Human Services

INSTRUCTIONS: Complete all items below. Send completed form in envelope provided or, take it to your local DHS Office.

ATTENTION:
Hearing Coordinator

Case Name (Last)				(First)		AH Register #	
Programs in Dispute					Case Number		
County	District	Section	Unit	Worker	Date Completed DHS-18A received in Local Office		
Hearing Request Date			Hearing Scheduled? <input type="checkbox"/> YES <input type="checkbox"/> NO		Hearing Date and time (If Scheduled)		

I DO NOT WANT A HEARING. Please cancel my request for a hearing for the following reason:

(Check the appropriate box below)

☐ I now understand that the action taken by DHS was correct.

☐ DHS has changed its action in my case. I am now satisfied. The change is: _____

☐ Other. (You must explain) _____

Signature		Telephone Number ()		Date Signed	
Street Address or Route Number		City, State, and Zip Code			
AUTHORITY: MCLA 400.9 COMPLETION: Voluntary PENALTY: The hearing will proceed, or be abandoned when the client fails to appear.		The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.			
DHS-18A (Rev. 4-05) Previous editions may be used. MS Word		A. H. Approval <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____			